



STATE OF INDIANA

Michael R. Pence, Governor

Kent W. Abernathy, Commissioner

SCHOOL OR SPECIAL PURPOSE BUS

Title Application Checklist

School bus and special purpose bus title applications are processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application, verify the required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ [Application for Certificate of Title – State Form 44049](#)
- ☐ Original Proof of Ownership: Certificate of Title, Certificate of Origin, or Statement of Manufacture
- ☐ Odometer statement completed on the ownership document or on an [Odometer Disclosure Statement – State Form 43230](#). All motor vehicles over 16,000 lb. are exempt.
- ☐ [ST108 - Certificate of Gross Retail or Use Tax Paid – State Form 48842](#) from dealer or [ST108E - Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#) in lieu of tax payment, if applicable.
- ☐ \$15.00 title application fee and 7% sales tax (if applicable). Payable by MasterCard or Visa, check, electronic check, or money order. A \$21.50 delinquent title fee will be assessed on packets received thirty one (31) days after the purchase date. Sales tax is 7% of the purchase price.

To also register by mail, include the following additional information:

- ☐ Color of the bus and gross vehicle weight
- ☐ Insurance company name and policy number
- ☐ For school buses: Approved 'Report of School Bus Inspection' from the Indiana State Police
- ☐ \$29.75 registration payment

For your convenience, the required forms are included with this checklist. The forms are also available at **myBMV.com**. Mail the completed packet to:

**Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204**

Please include this checklist and contact information with your application. If all required documents are not submitted or information is incomplete, the entire application will be returned.

Print Name: _____ Phone Number: _____

Email: _____

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R5 / 1-15)

Approved by State Board of Accounts, 2015

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.				I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.			
VEHICLE IDENTIFICATION NUMBER							
YEAR	MAKE	MODEL	TYPE	DATE (month, day, year)			
INSPECTOR'S PRINTED NAME AND TITLE			CITY		DATE (month, day, year):		
INSPECTOR'S SIGNATURE			BADGE, BRANCH OR DEALER PLATE NO.		a motor vehicle. There is a delinquent fee for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. *In accordance with Federal Code 383.		
1. TITLE NUMBER		BRANCH NO.		INVOICE NO.		BMV USE ONLY	
2. *SOC. SEC./FEDERAL I.D. NO.		NAME OF APPLICANT					BMV USE ONLY
3. STREET ADDRESS (number and street)			CITY			STATE	ZIP CODE
4. VEHICLE I.D. NUMBER			VEH. YEAR	VEH. MAKE	VEH. MODEL NO.	VEH. TYPE	ODOMETER
5. FORMER TITLE NUMBER		PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	DEALER NO. BMV USE ONLY
6. FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS					STREET ADDRESS (number and street)		
7. CITY		STATE	ZIP CODE	BMV USE ONLY			
8. SECOND LIEN'S NAME					STREET ADDRESS (number and street)		
9. CITY		STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY
GROSS RETAIL AND USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.							
10. SELLING PRICE		LESS TRADE-IN *	AMOUNT SUBJECT TO TAX		AMOUNT OF TAX	DEALER	BRANCH
\$		\$	\$		\$		EXEMPT
							IF EXEMPT PLACE PARA.#

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT IS RESPONSIBLE FOR ACCURACY OF INFORMATION.

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

BUREAU - TO BE MAILED WITH TITLE REPORT

INSTRUCTIONS

Sign and date on top right signature line.

Line 2

Enter the name (s) (individual(s) or company) and Social Security or Federal Identification Number of the owner(s).

Line 3

Enter the legal address of the owner(s). The legal address is the physical location of the owner's residence or business.

Line 4

Enter the VIN, Year, Make, Model Number and Vehicle Type (examples include: 2S (2 door sedan), 4S (4 door sedan), CN (convertible), CP (coupe), 2W (2 door wagon), 4W (4 door wagon), VA (van), TK (truck), MC (motorcycle), TR (trailer), SE (Semi Trailer), TC (Semi Tractor), RV (recreational vehicle- including motor home and travel trailer), MH (Mobile Home), AT (All Terrain), and LS (Low Speed).

Line 5

Enter the former title number and purchase date. Lien Y/N. If speed title is requested state 'yes' and include an additional \$25 with application.

Line 6 & 8

Indicate lien holder name(s) and mailing address. If there is no lien and title should be mailed to a special one-time address include on line 6&7.

Line 10

Not required to be completed. However, appropriate tax form or payment should be included with title application.

An Equal Opportunity Employer



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R3 / 5-13)

INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:

1. In accordance with federal and state law, the seller of a motor vehicle must disclose the current mileage to a purchaser in writing upon transfer of ownership. The disclosure must be signed by the seller, including the printed name. If more than one person is a seller, only one seller is required to sign the written disclosure.
2. The purchaser must sign the disclosure statement, including printed name and address, and return a copy to the seller.
3. Complete this form in its entirety, in blue or black ink.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ residing at:
Printed name(s) of Seller(s)

_____ certify to the best of my knowledge that the
Address of Seller(s) (number and street, city, state, and ZIP code)

odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles (no tenths)

☐

1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐

2. I hereby certify that the odometer reading is NOT the actual mileage and should not be relied upon. WARNING - ODOMETER DISCREPANCY.

Vehicle Make

Vehicle Model

Vehicle Year

Vehicle Body Type

Vehicle Identification Number (VIN)

Transfer Date (month, day, year)

I will not hold the Bureau of Motor Vehicles or the Bureau of Motor Vehicles Commission responsible for any discrepancy shown on the odometer reading. I, the undersigned, swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature(s) of Seller(s)

Date (month, day, year)

PURCHASER'S INFORMATION

I am aware of and acknowledge the above odometer certification made by the seller(s).

Signature(s) of Purchaser(s)

Date (month, day, year)

Printed Name(s) of Purchaser(s)

Address of Purchaser(s) (number and street)

City

State

ZIP Code

